
NORTHUMBERLAND & DURHAM
MEDICAL SOCIETY.

JANUARY 8, AND FEBRUARY 12, 1880.

NORTHUMBERLAND AND DURHAM MEDICAL SOCIETY.

THE fourth monthly meeting was held on Thursday, January 8th, Dr. Armstrong (President) in the chair.

The following gentleman was elected a member of the Society :—

Alexander Bruce Low, M.B., Sunderland Infirmary.

The following gentleman was proposed for election :—

John C. Watson, M.B., C.M., Aberd., The Dispensary, Newcastle.

PREVALENT DISEASES OF THE DISTRICT.

Mr. HENRY E. ARMSTRONG forwarded the following

Return of Cases under Treatment at the Newcastle Fever Hospital, during the month of December, 1879 :—

					Admitted.			Died.
Typhus	1	1

The fatal case is that of a woman admitted in November, the duration of whose illness could not be accurately ascertained, but whose death occurred about the twenty-sixth day from atrophy of the heart. The most noticeable symptoms were those referring to the circulation of the blood. The pulse for about a fortnight before death continued very feeble, and was only once recorded as being below 144 beats per minute. Dyspnoea was at times urgent. The highest temperature reached was 103° F. on the night of admission (twelfth day of disease)? Death was sudden, and took place shortly after the patient had had a drink. *Post-mortem* examination revealed a small flabby heart with thin walls, and a large palish liver whose capsule peeled off readily.

The PRESIDENT remarked upon the change in the character of the type of scarlet fever, that which is prevalent at present being evidently much milder than hitherto.

Mr. H. E. ARMSTRONG asked if there had been any cases of hooping cough?

PATHOLOGICAL TRAY.

Dr. MONTEITH exhibited—1. A part of the temporal bone showing caries and inflammation of the mastoid cells. The patient suffered violence shortly before death; but this was merely a coincidence, as it was evident that the disease had originated from some affection of the middle ear. The case proves the necessity of a guarded diagnosis in injuries of the head. 2. A parietal bone, considerable part of which was absent, a strong membrane occupying its place. The exfoliation (a result of syphilis) took place in one piece about five years ago. The patient lived in good health, and suffered no inconvenience from it. She died from croupous pneumonia. 3. A foetal skull showing an extensive depressed fracture of the left parietal bone. The labour was normal in every other respect, being primiparous and not protracted beyond the usual time. The head was more than usually ossified, which is no doubt the main reason why the bones fractured instead of overlapping. The case illustrates the power of the human uterus, and also the amount of pressure which the maternal tissues will bear without injury, as the mother recovered without a bad symptom. Moreover, in certain circumstances, such a fracture, from its resemblance to injury caused after death, might raise interesting medico-legal questions.

Mr. ARMSTRONG asked what was the cause of the fracture?

Dr. MURPHY asked if the woman had gone beyond her proper time, for the bones seemed ossified beyond the normal?

Dr. BRADLEY asked if ergot had been given in the case, and if the child had been born alive?

Mr. H. ARMSTRONG asked what was the nationality of the child? as that might throw some light upon the case.

Dr. MONTEITH said he had no history to the effect that the woman was over her time. In answer to Mr. Armstrong, he had only to state that the child was not Scotch. Ergot had not been given, and the child was not born alive.

Dr. HEATH exhibited—1. Ovarian tumour in which suppuration had occurred, removed by ovariectomy. 2. Lower end of femur removed for malignant disease. 3. Bullet taken from thigh. 4. Sequestrum from thigh. 5. Lower end of femur and sequestrum removed for disease. 6. Joint ends of bones removed in excision of knee.

EXHIBITION OF PATIENT.

Mr. T. A. DODD said the patient, a boy five and a half years of age, was operated upon about a year ago. At that time the right

tibia was elongated and bent inwards in a similar form, overlapping the left leg in such a way as to render it impossible for the boy to walk. The foot, instead of being placed flat on the ground, rested on the inner maleolus and inner edge of the foot. An incision was made about two inches long down the inner side of the tibia, and a triangular or wedge-shaped piece of bone, the base of which was an inch and a half long, sawn out. The limb was then forcibly straightened. The wound healed up rapidly, and at the present time the leg from the knee to the ankle is almost quite straight, and the boy able to run about all day without any complaint of weakness in the leg. Before being operated upon the patient had been under constitutional treatment for more than two years without any beneficial effect.

NORTHUMBERLAND AND DURHAM MEDICAL SOCIETY.

THE fifth monthly meeting was held on Thursday, February 12th, in the Library of the Newcastle-on-Tyne Infirmary, the President (Dr. Armstrong) in the chair.

The following gentleman was elected a member of the Society :—
John C. Watson, M.B., C.M., Aberd., Dispensary, Newcastle.

PREVALENT DISEASES OF THE DISTRICT.

Mr. SPEAR alluded to the recent epidemic of typhus fever in Jarrow, and remarked that he had observed strong evidence in favour of compulsory registration of infectious diseases. Wherever he had heard of a case, and used precautions, there was the disease arrested; but when cases were not interfered with, the disease spread.

Dr. PHILIPSON directed the attention of the members to the recent marked atmospheric changes producing catarrh of the pulmonary and gastro-intestinal mucous membrane. Some of the cases of the latter form of disease were accompanied by jaundice, which was evidently induced by catarrh of the duodenum and bile duct.

The PRESIDENT remarked that he had lately seen a number of cases of sore throat, with diphtheritic patches on the fauces. He would like to know the opinion of the members of the Society as to the nature of this affection.

Mr. ADAM WILSON said that several of these cases alluded to by the President had come under his notice. They were of a mild character, and the ulceration on the fauces was very slight. They seemed to him to be in some way closely allied to scarlatinal sore throat. He had noticed that whenever an epidemic of scarlet fever passed over a district it was, as a rule, followed by sore throat of this nature. He treated all cases of scarlatinal sore throat with ice, and never used gargles.

Mr. WILKINSON alluded to a family that had come under his care, in which all the members were attacked by sore throat, but not of a diphtheritic character.

Dr. IRVINE remarked that many years ago he had, in British Columbia, a very violent case of sore throat, in which ice proved of great service.

Dr. GIBSON said he was much interested in the discussion, but he would like to know whether these cases in which so-called diphtheretic patches occurred on the fauces were really traceable to scarlatinal poison? He would rather view these patches as ulcers than as being of a diphtheritic nature.

Dr. ANDERSON thought the supposed patches were the result of catarrh and allied to herpes. He agreed with Dr. Philipson that gastro duodenal catarrh was very prevalent.

Mr. SPEAR would like to ask if albumen had been found in the urine of any of these cases of sore throat with patches on the fauces?

Mr. WILSON, in reply, said there was no albuminuria. He thought the cases were entirely independent of scarlatina, but occurred in the neighbourhood of cases of that disease.

PATHOLOGICAL TRAY.

Mr. MEARS exhibited a case of double trachea and enlarged lung in a sheep, and said: In this curious specimen of irregular development there are to be noticed two distinct trachea—each perfectly formed—of the same size, lying side by side, one to the right and the other to the left. It will be seen that they commence by a common origin from the larynx (which has unfortunately been removed), that at a distance of an inch below it they become separated by a median septum, and that for five or six inches farther they remain attached to each other by their posterior borders, although the wall of each is fully formed. Thenceforward to their termination they are quite separate. The accessory trachea, the right, ends from two to three inches above the other by dividing into three branches which enter the upper part of the right lung. The other tube bifurcates in the usual position, the bronchi subdividing into three branches for the left lung, and four for the right. The right lung, much larger than normal, is almost completely divided into two nearly equal portions by a deep, nearly transverse fissure not normally present. The two portions are connected posteriorly by a bridge of connective tissue, covered with pleura, devoid of lung substance. The lower portion shows no sign of secondary division; the upper is subdivided by deep fissures so as to form four lobes, three distinct and one rudimentary. The uppermost of these lobes, forming the apex of the lung, is much enlarged, is prolonged across the trachea so as to overlap the apex

of the left lung, and is thickened at its free extremity so as to appear pedunculated. Into the upper portion of the lung the accessory trachea opens; into the lower portion the right branch of the other tube. The right branch of the pulmonary artery divides into two separate branches, one for each portion. The left lung, much smaller than usual, is normal in form, and communicates with the left branch of the left trachea only. The anomolous arrangement of parts just described is mostly, probably, due to a high origin and subsequent modification in form of the third primary bronchus given to the right lung in the sheep and allied animals.

Mr. BROADBENT showed an ovarian tumour, and said: This tumour was removed *post-mortem* from the body of a girl, aged 17, who had been under observation for less than three weeks. She had concealed her disease for two years. It was practically a solid tumour, lobulated and adherent to the mesentery, the abdominal walls, and very firmly to the true pelvis, so much so that it was impossible to remove it entirely.

Dr. DRUMMOND exhibited a brain with very dilated lateral ventricles, which had been taken from the body of a boy, aged six years, who was under observation in the Children's Hospital. The case was one of cerebellar tumour. The cerebellum with a scrofulous tumour had been exhibited to the members previously. When the brain was cut into a very large quantity of fluid escaped from the lateral ventricles, the result of the fluid being the dilatation of the ventricles to the size as seen in the specimen. Almost the entire surface of the corpora striata was exposed, both the candate and the lenticular nuclei. It was interesting to note that in spite of the pressure to which the ganglei and the tracts were exposed yet the sensory resisted perfectly, whilst the mortor succumbed, exemplifying a fact of frequent occurrence in the pathology of spinal disease.

Dr. PAGE showed a specimen of apoplexy of the spinal cord, and said: This portion of spinal cord was removed a few days ago from the body of a girl, aged nine years and eleven months, who died quite unexpectedly after an indisposition of five days' duration. Death arose from paralysis of the muscles of respiration, caused by extravasation of blood into the substance of the lower part of the clevical portion of the cord. The child was sensible to the last, and had no paralysis of the arms. There was a history of chronic affection of the cord, of at least one year's duration, during which time the child suffered from attacks of severe pain and stiffness of the neck, accompanied by febrile distentance and debility. It was during one of these attacks that the difficulty in breathing came on from which she died. I look upon the case as a very rare and interesting form of disease, and as it is my intention shortly to

publish it in detail, shall refrain on the present occasion from doing more than directing the attention of the Society to the condition of the cord in its comparatively fresh state. I may mention that Dr. Drummond, who is, I understand, paying special attention to nervous diseases, has kindly promised to examine the specimen microscopically, and to give us the result of his examination, as soon after the cord has been properly prepared as may be convenient to him.

NOTICE OF FIVE SUCCESSFUL CASES OF LATERAL LITHOTOMY,

RECENTLY PERFORMED IN THE HOSPITAL FOR SICK CHILDREN,
NEWCASTLE-UPON-TYNE,

BY FREDERICK PAGE,

SURGEON TO THE HOSPITAL, AND LATE SENIOR HOUSE SURGEON TO THE NEWCASTLE INFIRMARY.

As an old house surgeon of the Newcastle Infirmary, I feel peculiar satisfaction in showing here these six calculi, the results of five cases of stone in the bladder which I have recently been fortunate enough to have under my care at the Hospital for Sick Children in this town. All the patients were boys, and their ages ranged from four to eleven years. Lateral Lithotomy was performed in each case, and all did well. Forceps were used in one case only, the scoop being employed in the others. In one case two stones were removed—these two.

This stone, from a boy aged eleven years, is an interesting one. It is large and appears as if it had been broken in half, but it has not been broken, although its bulk has been very much reduced. The portion I show consists mainly of uric acid, but there is still a considerable deposit of phosphatic matter around the edge and upon the surface of this its rough side. The other side is smooth, and upon it there is little appearance of any phosphatic deposit. After sounding, the lad passed a considerable quantity of soft mortar-like material, evidently displaced by the sound passing over the upper surface of the stone. A large quantity of a similar material was displaced by the grasp of the forceps in extracting the stone. I have preserved some of it, and, if the whole had been collected, I think the stone would have been quite as large again as it is now.

This is a small mulberry calculus.

This is a phosphatic stone.

And this, consisting of uric acid, was removed from a boy aged seven years, and is unusually large.

It is a great pleasure to me to feel the good repute of the Newcastle Infirmary for Lithotomy has not, so far, suffered at my hands; and I venture to hope these few cases may be allowed to contribute to the reputation enjoyed by Newcastle surgeons in stone cases, although the brilliant example of 60 cases of Lithotomy, without a death, occurring in the hospital practice of one surgeon to this institution, warns me how very small my contribution at present is.

NOTES OF A CASE OF LITHOTOMY.

By T. W. BARRON, M.B.

THE case which I have the honour of bringing to your notice is, I think, sufficiently remarkable to warrant me in trespassing for a short period on your valuable time. The chief points to notice are the great length of time during which the patient had suffered from symptoms of stone, the largeness of the stone, the consequent difficulty in extraction, and the comparatively rapid and complete recovery which followed.

The patient was a miner, residing at East Haswell, and was aged 24 years. He was admitted into the Durham County Hospital, under my care, on October 23rd of last year, having been kindly sent to me by Dr. Clark, of Ferryhill. He was a fine, strong, well-nourished man, bearing little trace in his appearance of the serious malady under which he had suffered for so many years. The chief points of his history were as follows:—His parents had noticed, when he was about five years of age (nineteen years before), that he had great pain on passing water, and screamed out on doing so. These attacks of pain were accompanied at that time by other symptoms of stone, and recurred only at intervals. This sort of thing was allowed to continue for no less than eighteen years, and it was not until about ten months before his admission into the Hospital that the pain and other symptoms became constant. On admission he was suffering from severe pain on each attempt to micturate, and during the act of micturition, the desire for which being very frequent, the patient was in considerable distress. The pain was considerably relieved, and the act of micturition much aided by the patient lying upon one or other side. On introducing an ordinary silver catheter, the instrument came immediately upon a stone, and on examination with a sound and with Sir Henry Thompson's lithotrite, the stone was judged to be of very considerable size.

Accordingly, on November 7th, with the kind assistance of Drs. Mason, Dixon, and Oliver, I performed the operation of lateral lithotomy. The bladder was rapidly entered, my finger passing at once down on a large rough stone, which seemed to completely fill the bladder, which in fact, after the escape of the water which we had injected, firmly grasped the stone with its hypertrophied walls. Then began our difficulties. On exploration with the finger, the stone was found to be not only an enormous one, but to have a large process jutting out on one side of it, which was firmly embraced by the bladder, and which clearly showed the impossibility of extracting without first breaking up the stone as it lay in the bladder. This proved a most difficult and tedious business, but with patience, care,

and the help of Thompson's lithotrite, which I found of the very greatest service, and which I would advise all lithotomists to be provided with, I succeeded at last in reducing the stone to a size sufficiently small to allow its removal by the forceps. The bladder was well washed out with tepid water, until all traces of fragments were removed.

November 8th, the day after operation, the temperature, which was normal in the morning, rose to 101.6° in the evening; and on

November 10th, pus first appeared in the water, and the bladder was syringed (through the wound) with very dilute nitric acid.

November 14th, he passed some water naturally.

November 20th, a slough, as large as a walnut, was extracted from the wound, which was rather unhealthy looking. There was a good deal of muco-purulent discharge. The wound was syringed with carbolic lotion (1 to 40). The patient, after this, rapidly improved, never having had any pain whatever since the operation; and on

December 6th, for the first time, all the urine was voided naturally, and the wound was looking healthy, and quickly healed.

The stone, which I have passed round, weighs 950 grains, and consists chiefly of oxalate of lime, with a thin external coating of phosphates.

PUERPERAL ECLAMPSIA.

By JAMES MURPHY, B.A., M.D. (DUB.), &c.,

SURGEON TO THE HOSPITAL FOR DISEASES OF WOMEN AND CHILDREN, SUNDERLAND.

MR. PRESIDENT AND GENTLEMEN,—The symptoms of puerperal convulsions are unfortunately too well known to all of us engaged in obstetric practice to require any description; but as opinions still differ as to their nature and treatment, I have ventured to bring the matter before the members of this Society to-night as a subject not unworthy of their attention.

The condition of pregnancy or labour acts as no preventive against convulsive diseases in general, and we therefore, from time to time, meet with these attacks occurring during those periods, from hysteria, epilepsy, apoplexy, anæmia (from profuse and rapid hæmorrhage), cholæmia, and other causes; but in the great majority of cases of convulsions occurring during pregnancy, or the puerperal state, where the urine has been examined, it has been found to contain a varying quantity of albumen, as has been shown by the researches of Lever, Frerichs, C. Braun, Litzman, Wieger, Simpson, Halbertsma, Traube, Rosenstein, Schröder, Leishman, Playfair, &c., and many members of this Society with whom I have discussed the question; and so frequently is this the case, that practically, when after careful examination we fail to find albuminuria, we may regard the case as not one of puerperal eclampsia, in the usual acceptance of the term. I will, therefore, exclude for the present those few exceptional cases where no albumen can be found, and only consider eclampsia as a symptom of albuminuria during the pregnant or parturient state. It is now well known that a considerable number of pregnant women suffer from albuminuria towards the end of their pregnancy. Of 131 pregnant women examined by Litzman, 37 had albumen, and of these 7 were attacked by eclampsia. It would appear, therefore, that a small proportion of pregnant women suffer from albuminuria; of these a small proportion suffer from eclampsia; and it has been further ascertained that a considerable number of these latter have their urine deficient in its normal constituents—notably urea, which is then present in the blood to an excessive degree, sometimes as much as 1 in 960 (Fordyce Barker), and often suffer from disturbances of vision, probably albuminuric retinitis; and it must be borne in mind that the peculiar excitable condition of the nervous system in pregnancy predisposes women to these attacks. Schröder gives the proportion of cases of eclampsia to deliveries as 1 to 500; and of 38,306 deliveries collected by Cazeaux, eclampsia occurred in 79, or roughly, as 1 to 485. Dr. Lever considered the albuminuria to be caused by the pressure of the gravid uterus on the kidneys and their blood vessels, and the consequent congestion

and embarrassment which ensue; in which views he is supported by Dickenson, while Halbertsma suggests that the pressure is on the ureters. Either of these theories will, however, account for its temporary presence before parturition, and its frequently rapid disappearance afterwards. Of the many theories to account for the albuminuria causing the convulsions, two seem to me to be most deserving of attention; the first, put forward some thirty years ago by Frerichs, that they were caused by the presence of carbonate of ammonia in the blood, which was caused by the decomposition of the urea under the influence of some peculiar ferment the nature of which he was unable to determine, nor has it yet been determined, as far as I am aware. This theory has the great weight of its complete acceptance by Carl Braun of Vienna, and several eminent obstetricians of this country and abroad; and, indeed, it has been suggested by some that herein lies the explanation of the good effects of chloroform in the treatment, for its administration produces a temporary diabetes, with probably also sugar in the blood, and this, it is alleged, prevents the decomposition of the urea, as a little sugar added to the urine, after it has been voided, prevents for a time the common decomposition of urea into carbonate of ammonia. This may be termed the "chemical theory" as distinguished from the other or "mechanical theory," since put forward by Traube and Rosenstein, which is that the loss of the albumen from the blood and its consequent impoverishment, in addition to the simultaneous hypertrophy of the left ventricle of the heart, causing a greater pressure in the arterial system, leads to œdema of the brain, which shews itself as coma when the cerebrum is œdematous, and as convulsions when the middle portions are affected. Eclampsia then, according to this, depends on the blood being more watery than usual—the predisposing cause, and increased arterial pressure—the exciting cause. Now, these conditions are almost invariably present in pregnant women to a slight degree, for to them a watery condition of the blood is usual, this is further increased by the loss of albumen; and during the pains, the various muscles are in a state of intense activity, thus augmenting the already increased pressure in the arterial system, which is still further increased by the action of carbonic acid on the heart, owing to the impeded respiration from the woman holding in her breath and straining during the pains; and when the hydrœmia and pressure reach a high degree, we have eclampsia developed, according to this theory. But it must be borne in mind that these theories are not proved, and that they still remain in the embryonic state of theories, to be hereafter at length perchance confirmed or refuted.

But yet, with our still imperfect knowledge of these matters, it will be prudent, when we find œdema of the face or extremities, with tube casts and albumen in the urine of a pregnant woman, to adopt

prophylactic treatment, and endeavour to improve, as it will probably be impossible to completely remedy, affairs; and what appears to conduce most to this end is to put the woman on starchy foods, such as arrowroot and tapioca, and a spare and chiefly vegetable diet, with sugar and cream, as it has been shown that rich and animal diet increases the quantity of urea. Frerichs recommends the use of benzoic acid, or lemon juice, for the neutralization of the carbonate of ammonia, and when exudation has taken place into the malpighian capsules and the tubuli of Bellini, that the cylindrical clots be removed by the copious use of diluents, to be supplemented, if the urine be scanty, by the free use of the waters of Vichy or Seltzer, and states that pills of tannin and aloes will help to restore the normal tone. Byford looks upon colchicum almost as a specific, and for my own part, I believe that I have obtained good results from the occasional use of a jalap purge, and the free use of spirit of nitrous æther, and the tincture of the perchloride of iron. The bringing on of premature labour, though strongly recommended by Tarnier, seems uncalled for while the symptoms are not very urgent, as also the recommendation of Chailly to give chloroform to all patients suffering from albuminuria as soon as labour commences. But in those cases where eclampsia has already commenced, before we have time to take any means towards its prevention, the treatment divides itself into medical and obstetrical. In the first place free movement of the extremities may be permitted, only preventing the patient from rolling out of bed, and the tongue is best protected by inserting a towel between the jaws, and then pressing the tongue well back; the use of knife-handles and spoons is to be deprecated, as being most injurious to the teeth. Chloroform should be given freely, and the narcotism kept up by the subcutaneous injection of morphia, or preferably by an enema of hydrate of chloral, the dose to be regulated by the effect on the patient, as the point to be gained is complete insensibility, and this result is to be obtained irrespective of the quantity of the narcotic used, the same way as in a case of delirium tremens we go on giving it till sleep is procured. Formerly copious bleeding was looked upon as a specific, and, adopting the *post hoc ergo propter hoc* method of reasoning, several cases are recorded in its favour. Now, believing in the mechanical cause of eclampsia, the removal of a large quantity of blood suddenly, should give immediate relief, and this it generally does, but the last stage of these women is generally worse than the first, for we know that after depletion the quantity of the blood soon becomes the same from the serum taken from all the tissues, while the quality is greatly deteriorated, being much more watery than before; and though a number of cases do recover after bleeding, it does not seem to be a commendable practice, though some blood removed from the back over the kidneys by cupping is sometimes desirable, and in two cases where I have tried it, it seemed to be

beneficial. But suppose the treatment by narcotics fails, is there another left us which still holds out prospects of success? Dr. W. Lange records the following :—" A secundipara was admitted at the Heidelberg Clinique with œdema, albuminuria, commencing labour and convulsions. Delivery was accelerated by forceps. The child was dead, macerated. The patient was bled, had ice to head, clyster, morphia injections, chloroform, cold douche to head. After thirty-two fits, being in the highest degree exhausted, in deep sopor, transfusion was resorted to. Blood defribinated was used, seven ounces were injected. The pulse rose, breathing became freer, cyanosis disappeared, sleep followed, *she recovered.*" (Prager Vrljhsch.)

Here we have all the recognised remedies tried; narcotism fails, venesection is performed and some of the poisoned blood removed, this also fails, for it is not sufficient, then comes the injection of the healthy blood, and the patient recovers.

Surely, sir, this is the proper treatment, if milder methods fail, as unfortunately they too frequently do. Obstetricians both in this country and abroad are almost unanimous in attributing to the altered condition of the blood, at least, a very important part in the etiology of puerperal convulsions. Even Barnes, who in his Lumleian lectures gives such prominence to "exalted nervous irritability," says that "it is under the stimulus of the reproductive functions and *lowered or empoisoned condition of the blood.*" (Obstet. Journ., 1873.)

I have never had occasion to try this treatment in my own practice, or in that of others; but if milder methods failed, I would not hesitate to do so, and I believe in time to come, when we get more expert at transfusion, it will be found a safe, and I trust an efficient mode of treatment.

As regards the obstetric treatment Gooch recommended, "to attend to the convulsions, and leave the labour to take care of itself;" but though this may in some cases be wise when the pains are pretty strong and the head advancing, it must still be remembered that the eclampsia has an injurious effect on the life of the child, and so has the narcotism, more especially when prolonged for several hours. It will, therefore, be often advisable in the interests of the child to put on the forceps if these can easily be applied; but the treatment must necessarily vary very much in individual cases, for if the fits appear to be kept up by the pressure of the foetus its removal may be advisable in the maternal interests as well; while again the introduction of the forceps, or turning (which is seldom permissible) may increase the severity of the convulsions. Each case, then, must be decided on its merits, the treatment being indicated by the procedure which seems likely to cause the smallest amount of irritation to the mother, having a due regard to the safety of the child.



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